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Urinary Obstruction Treated with Urethrostomy

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The owner was contacted October 13, and it was reported that the dog was bright and alert at this time. The skin and hair coat were back to normal. One tablet of Thyro-Thiamine was still given daily.

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4 **Urinary Obstruction Treated With Urethrostomy.** On May 2, 1958 a 5-year old, male English Bulldog was admitted to the Stange Memorial Clinic. The patient was very depressed and dehydrated. The pertinent history included complete anorexia, lethargy and difficult urination with dribbling. Physical examination revealed a large, fluctuating structure in the anterior ventral abdomen. Catheterization yielded approximately one pint of urine, and the abdomnal mass diminished in size accordingly. An attempt to palpate the prostate per rectum was unsuccessful. The heart rate was 180 per minute, and the patient's temperature was 105.6. A tentative diagnosis of urethral blockage with distention of the bladder and accompanying cystitis was made.

Laboratory Analysis

Urinalysis: Bacteria (no culture was made) and white blood cells. Blood examination revealed 50,000 W.B.C. per mm^3 and blood urea 160 mg. per 100 cc.

Treatment

It was decided to use medicinal treatment until the site of urethral obstruction could be located. This consisted of 2 cc. of Combiotic (Charles Pfizer & Co.), 3 Urised tablets (Chicago Pharmacal Co.) three times daily, 250 mg. chloramphenicol three times daily (Chloromycetin-Parke-Davis) given orally, and 250 cc. of 5 per cent dextrose subcutaneously twice daily.

The temperature on May 3 had dropped to 101.8 and the patient was again catheterized, removing two pints of urine from the bladder. The presence of a calculus at the posterior pole of the os penis was indicated by a grating as the catheter was passed.

This finding allowed tentative elimination of prostatic involvment, which had been a consideration to this point. Attempts to retrieve the suspected calculus with an alligator forceps inserted into the urethral orifice were unsuccessful.

The treatment was continued until May 5 in an attempt to follow the condition and to build the patient up for posable surgery. During this period the patient continued to refuse all food.

Surgery

On May 6 the catheter could no longer be passed. Again rational attempts to remove a calculus were unsuccessful, and surgical intervention was felt to be indicated. Due to extreme depression of the patient and the high blood urea, the anesthesia used was 3 cc. Demerol (I.M.) and 4 cc. of 2 per cent procaine epidurally. An urethrotomy was performed just posterior to the os penis (see Figure 1). A ¾-inch skin incision was made on the ventral midline and carried into the underlying tunica albuginea, corpus cavernosum urethrae and the urethra. The

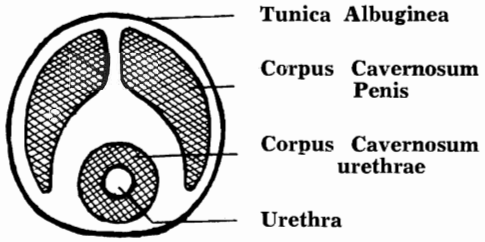

Fig. 1. Transverse section of penis showing the relationship of structures at proposed site of urethrostomy.

bladder was then drained with a catheter which was easily passed. An attempt to pass the catheter anteriorly in the penile urethra to dislodge the suspected calculus was unsuccessful. It was speculated that an urethral stenosis of cicatricial tissue resulting from calculi damage might exist in this area, so it was decided to complete the operation as an urethrostomy. To accomplish this the urethra was completely severed at the anterior commissure of the skin incision.

It was then incised for a distance of approximately 1 inch and the incised edges sutured with 000 catgut to the cut edge of the skin. No bandage was applied.

Arrow is pointing to the site of the urethostomy.

On the first postoperative day, the bladder was empty and the papers in the cage were soaked sporadically indicating constant passage of urine. The patient showed a voracious appetite on the second postoperative day and was alert and playful. Since there had been no bowel movements, an enema was given with positive results. For the next several days small quantities of blood were passed. All medication had been discontinued by May 11, when the patient was discharged. The patient was examined on May 16, and the sutures were removed. The wound was healing well.

The owner was contacted in mid-August and stated that there had been no post-surgical complications.

Durwood Davis, '59

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5 **Surgical Treatment of a Suprapharyngeal Abscess in a Bovine.** Abscessation of the suprapharyngeal lymph nodes in beef cattle is not an uncommon condition but is difficult to treat. *Corynebacterium pyogenes* appears to be the most frequent cause of the condition.

On July 12, 1958, a yearling Hereford steer was admitted to the Stange Veterinary Clinic. A generalized massive swelling was noted posterior to the ramus of the mandible upon the right side of the neck.

The area was incised and a fluid exudate was cleaned from the area. Heat was applied to the area and 10 cc. of Pen-Strep (Corn States Laboratories' Antibiotic combination No. 1 containing 200,000 U. of Procaine Penicillin G plus 0.25 gm. of Dihydrostreptomycin per cc. of solution) was given intramuscularly to the animal daily for one week. The condition of the animal did not improve and the fistulous tracts continued to drain. One tablespoon of Hi-Amine (Allied Laboratories', phylenediaminedihydrochloride 20 gr./lb.) was given twice daily with the patient's feed of grain until iodinism was noted. The patient's condition remained unchanged. An X-ray was taken, and it revealed an abscessation of the suprapharyngeal lymph nodes.

On August 1 the animal was placed upon the operating table and prepared for surgery. Local anesthetic was unnecessary because of the scar tissue present surrounding the fistulous tracts. The fistulous tracts were dissected by an incision parallel and dorsal to the jugular vein. These tracts led to an abscess cavity dorsal to the pharynx. A cheesy mass of exudate which was approximately 3 inches in diameter was removed from the abscess cavity. A gauze pack soaked in 7 per cent iodine was placed in the abscess cavity, and the skin incision was partially closed.

After-care consisted of removing the pack 24 hours after surgery and flushing the area with weak potassium permanganate solution for one week. The cavity filled with granulation tissue and the dyspnea disappeared.

Upon discharge the steer was gaining weight rapidly.

Richard Hubbard, '59